

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS  
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

Lorri Poe,

Plaintiff,

v.

Healthcare Revenue Recovery Group, LLC,

Defendants.

Case No.: 08-CV-2686

Judge Guzman

Magistrate Judge Schenkier

APPEARANCE(S) ARE HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:  
Healthcare Revenue Recovery Group, LLC

NAME: David M. Schultz	
SIGNATURE: <i>s/ David M. Schultz</i>	
FIRM: HINSHAW & CULBERTSON LLP	
STREET ADDRESS 222 North LaSalle Street, Suite 300	
CITY/STATE/ZIP Chicago, Illinois 60601-1081	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6197596	TELEPHONE NUMBER 312/704-3000
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	

**CERTIFICATE OF SERVICE**

I hereby certify that on **June 4, 2008**, I electronically filed the forgoing **APPEARANCE** with the Clerk of the U.S. District Court, using the CM/ECF system reflecting service of to be served upon all parties of record.

HINSHAW & CULBERTSON LLP

David M. Schultz  
HINSHAW & CULBERTSON LLP  
222 North LaSalle Street, Suite 300  
Chicago, Illinois 60601  
312/704-3000  
312/704-3001 – fax  
dschultz@hinshawlaw.com

*s/ David M. Schultz*

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David M. Schultz